Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|--|---|
| 1. Your full name | | |
| Write the name that is government-issued pic identification (for exam your driver's license or passport). | ure First Name | First Name Middle Name |
| Bring your picture identification to your me | Garcia Last Name | Last Name |
| with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| All other names you have used in the last years | | First Name |
| Include your married or maiden names. | Middle Name Last Name | Middle Name Last Name |
| 3. Only the last 4 digits of your Social Security | of xxx - xx - <u>7</u> <u>6</u> <u>7</u> | 7 _ 4 _ xxx - xx |
| number or federal Individual Taxpayer | OR | OR |
| Identification number (ITIN) | 9xx - xx | 9xx - xx |

| Debtor 1 Jennifer 6 | | Jennifer O. Garcia | er O. Garcia Cas | | | | | Case number (if known) | | | |
|----------------------------|-------------------|---|---|--|----------------|----------------|------------------|------------------------|---|---------------------------|--|
| | | | Abo | out Debtor 1: | | | A | About Debtor | 2 (Spouse Only | in a Joint Case): | |
| 4. | and Er | Any business names and Employer | | I have not used | any busines | s names or EIN | ls. [| l have not | used any busin | ess names or EINs. | |
| | (EIN) y | ication Numbers rou have used in st 8 years | Busi | iness name | | | B | Business name | | | |
| | | ude trade names and ng business as names | Busi | iness name | | | В | Business name | | | |
| | doing b | | Busi | iness name | | | - <u>-</u> | Business name | | | |
| | | | | | | | _ | | | | |
| | | | EIN | _ | | | E | IN _ | | | |
| | | | EIN | · | | | | IN - | | | |
| 5. | Where | you live | | | | | If | f Debtor 2 live | es at a different | address: | |
| | | | | D CR 153 nber Street | | | - - N | lumber Street | t | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Alie | ce | тх | 78332 | _ | | | | |
| | | | City | | State | ZIP Code | <u> </u> | City | State | ZIP Code | |
| | | | | n Wells inty | | | - c | County | | | |
| | | | If your mailing address is different from | | | | | nailing address | is different | | |
| | | | | one above, fill it irt will send any no iling address. | in here. No | te that the | f: W | rom yours, fil | I it in here. Note otices to you at t | e that the court | |
| | | | Num | nber Street | | | - <u>-</u> N | lumber Street | t | | |
| | | | P.O. | . Box | | | P | P.O. Box | | | |
| | | | City | | State | ZIP Code | - c | City | State | ZIP Code | |
| 6. | | ou are choosing | Che | eck one: | | | C | Check one: | | | |
| | this di bankrı | strict to file for uptcy | V | Over the last 18 petition, I have I than in any othe | ived in this o | - | [| petition, I | ast 180 days bef have lived in this y other district. | | |
| | | | | I have another r (See 28 U.S.C. | | lain. | | | other reason. Ex | xplain. | |
| Р | art 2: | Tell the Court Ab | out Y | our Bankrupt | tcy Case | | | | | | |
| 7. | Bankr | napter of the uptcy Code you | | ck one: (For a brie ankruptcy (Form 2 | | | | | | o) for Individuals Filing | |
| | are ch under | oosing to file | | Chapter 7 | | | | | | | |
| | | | | Chapter 11 | | | | | | | |
| | | | | Chapter 12 | | | | | | | |
| | | | | Chapter 13 | | | | | | | |

| Deb | tor 1 Jennifer O. Garcia | | Case number (if known) | | | | | |
|-----|---|-------------------------|---|--|------------------------|-----------------------------------|--|---|
| 8. | How you will pay the fee | | I will pay the entire fee when I file my petition. Please check with the clerk's office in you court for more details about how you may pay. Typically, if you are paying the fee yourself, y pay with cash, cashier's check, or money order. If your attorney is submitting your payment behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application Individuals to Pay Your Filing Fee in Installments (Official Form 103A). | | | | | |
| | | | | | | | | |
| | | | By law, a just than 150% fee in insta | judge may, but is 6 of the official po allments). If you | not required to, waiv | ve your to s to you you mus | fee, and may do ur family size and st fill out the App | you are filing for Chapter 7. so only if your income is less d you are unable to pay the lication to Have the Chapter 7 |
| 9. | Have you filed for | $\overline{\mathbf{A}}$ | No | | | | | |
| | bankruptcy within the last 8 years? | | Yes. | | | | | |
| | , | — Distri | rict | | | When | | Case number |
| | | | | | | • | MM / DD / YYYY | Case number |
| | | Distri | rict | | | When | MM / DD / YYYY | Case number |
| | | Distri | rict | | | When | | Case number |
| | | | | | | | MM / DD / YYYY | |
| 10. | Are any bankruptcy cases pending or being | | No | | | | | |
| | filed by a spouse who is | | Yes. | | | | | |
| | not filing this case with you, or by a business | Debte | or | | | | Relationsh | ip to you |
| | partner, or by an | Distri | rict | | | When | | Case number, |
| | affiliate? | | | | | • | MM / DD / YYYY | |
| | | Debte | tor | | | | Relationsh | ip to you |
| | | Distri | ict | | | When | | Case number, |
| | | | | | | • | MM / DD / YYYY | |
| 11. | Do you rent your residence? | | Yes. Has | to line 12. s your landlord ol idence? | btained an eviction jւ | udgmen | t against you and | d do you want to stay in your |
| | | | | | | | ction Judgment | Against You (Form 101A) |

| Debtor 1 | | Jennifer O. Garcia | | Case number (if known) | | | | | | |
|--|---|--|-------|---|--|------------------------------------|------------------------|----------------------------------|--|--|
| Pa | art 3: | Report About Ar | ıy Bı | ısine | sses You Own as a Sole Proprietor | | | | | |
| 12. | - | a sole proprietor ull- or part-time ss? | | | Go to Part 4. Name and location of business | | | | | |
| busine individ separa a corpo | | ole proprietorship is a ness you operate as an vidual, and is not a arate legal entity such as propration, partnership, or | | | Name of business, if any Number Street | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | | City Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above | | | | | |
| Cl Ba | Chapter Bankru are you | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small busin</i> ess | | set ap | filing under Chapter 11, the court must know whether yopropriate deadlines. If you indicate that you are a smant balance sheet, statement of operations, cash-flow staff these documents do not exist, follow the procedure in | ıll business del atement, and f | btor, you ederal in | must attach your come tax return | | |
| | debtor? | | No. | I am not filing under Chapter 11. | | | | | | |
| | For a definition of small business debtor, see | | No. | I am filing under Chapter 11, but I am NOT a small but the Bankruptcy Code. | usiness debtor | accordin | g to the definition in | | | |
| | 11 U.S.0 | C. § 101(51D). | | Yes. | I am filing under Chapter 11 and I am a small busines Bankruptcy Code. | ss debtor acco | rding to tl | he definition in the | | |
| Pa | art 4: | Report If You Ov | vn o | r Hav | e Any Hazardous Property or Any Propert | y That Need | ds Imm | ediate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable | | | No Yes. | What is the hazard? | | | | | |
| | safety? any pro | to public health or Or do you own perty that needs ate attention? | | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | Where is the property? Number Street | | | | | |
| | | | | | City | | State | ZIP Code | | |

Debtor 1 Jennifer O. Garcia Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

✓ I received a briefing from an approved credit

About Debtor 1:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 | Jennifer O. Garcia | | | | Case number (if | know | n) |
|-----|--|---|------|--|--------|--|-------|--|
| Р | art 6: | Answer These Q | uest | ons for Reporting Pu | ırpos | ses | | |
| 16. | What k have? | ind of debts do you | 16a. | | | sumer debts? Consumer de rimarily for a personal, family, | | re defined in 11 U.S.C. § 101(8) usehold purpose." |
| | | | 16b | • | - | iness debts? Business debt ment or through the operation | | debts that you incurred to obtain e business or investment. |
| | | | 16c. | State the type of debts ye | ou ow | e that are not consumer or but | sines | s debts. |
| 17. | Are you | u filing under r 7? | | No. I am not filing under | · Chap | oter 7. Go to line 18. | | |
| | any exc exclude admini are pai availab | estimate that after empt property is ed and strative expenses d that funds will be lef for distribution ecured creditors? | | • | | • | - | xempt property is excluded and to distribute to unsecured creditors? |
| 18. | | any creditors do timate that you | | 1-49 50-99 100-199 200-999 | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | | uch do you te your assets to th? | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | | uch do you te your liabilities to | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |

| Debtor 1 | Jennifer O. Garcia | | Case number (if known) | | | | | |
|----------|--------------------|--|---|--|--|--|--|--|
| Part 7: | Sign Below | | | | | | | |
| For you | | I have examined this petition, and I declare and correct. | under penalty of perjury that the information provided is true | | | | | |
| | | • | n aware that I may proceed, if eligible, under Chapter 7, 11, 12, rstand the relief available under each chapter, and I choose to | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | • | cealing property, or obtaining money or property by fraud in It in fines up to \$250,000, or imprisonment for up to 20 years, 3571. | | | | | |
| | | X /s/ Jennifer O. Garcia Jennifer O. Garcia, Debtor 1 | X Signature of Debtor 2 | | | | | |
| | | Executed on 06/29/2017 | Executed on | | | | | |

MM / DD / YYYY

MM / DD / YYYY

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| Debtor 1 | Jennifer O. Garcia | | _ Case number (if know | n) |
|----------------|--|--|--|---|
| represented by | ot represented by , you do not need | I, the attorney for the debtor(s) named in this eligibility to proceed under Chapter 7, 11, 12 relief available under each chapter for which the debtor(s) the notice required by 11 U.S.C certify that I have no knowledge after an inquis incorrect. | , or 13 of title 11, United Starthe person is eligible. I also 5. § 342(b) and, in a case in the case | tes Code, and have explained the certify that I have delivered to which § 707(b)(4)(D) applies, |
| | | X /s/ Adelita Cavada Signature of Attorney for Debtor | Date | 06/29/2017 MM / DD / YYYY |
| | | Adelita Cavada Printed name The Perez Law Firm | | |
| | | Firm Name 4646 Corona, Ste. 165 Number Street | | |
| | | | | |
| | | Corpus Christi City | TX State | 78411 ZIP Code |
| | | Contact phone (361) 814-6500 | Email address adelita | ı.cavada@cavadalawoffice.con |
| | | 24084882 Bar number | TX State | _ |

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| Fill in this inf | ormation to identif | v vour case a | and this filing: | | | |
|--|---------------------------------------|-----------------------------|---|---|---------------------------------------|--|
| Debtor 1 | Jennifer O |). | Garcia | | | |
| Dahtar 0 | First Name M | iddle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name M | iddle Name | Last Name | | | |
| United States Ba | nkruptcy Court for the: S | OUTHERN DIS | STRICT OF TEXAS | | | |
| Case number (if known) | | | | — | c if this is an ded filing | |
| Official Form | 106A/B | | | | | |
| Schedule A | B: Property | | | | 12/15 | |
| 1. Do you own | | | g, Land, or Other Real Es | | e an Interest In | |
| Yes. Wh | nere is the property? | | | | | |
| 1.1. 220 CR 153 Street address if avail | able, or other description | What is the Check all th | | Do not deduct secured cla amount of any secured cla Creditors Who Have Clain | | |
| | | Duplex | or multi-unit building ninium or cooperative | Current value of the entire property? | Current value of the portion you own? | |
| Alice | TX 78332 | | ctured or mobile home | \$30,000.00 | \$30,000.00 | |
| County | State ZIP Code | Land Investm Timesh | nent property are | Describe the nature of you interest (such as fee sim entireties, or a life estate | ple, tenancy by the | |
| • | H PT LTS 25 & 26 BL | Who has ar Check one. | n interest in the property? | Fee Simple | | |
| 10 Acres Debtor's son liv mobile home th | es on this property ir at he owns. | Debtor Debtor Debtor | | | | |
| | | | mation you wish to add about entification number: | this item, such as local | | |

| Debtor 1 Jennifer O. Garcia | Case number (if known) | | | |
|--|---|---|-----------------------|--|
| 1.2. 904 N. Wright Street address, if available, or other description Alice TX 78332 City State ZIP Code County CHULA VISTA ADDN LT 21 BLK 3 Single Family Residence This property is a rental property. Debtor receives \$450 per month in rent. | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another other information you wish to add about property identification number: | Describe the nature of your owners interest (such as fee simple, tenance entireties, or a life estate), if known. Fee Simple Check if this is community properties (see instructions) | | |
| 1.3. 1003 W. San Diego Hwy Street address, if available, or other description Alice TX 78332 City State ZIP Code | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$200,000.00 Current value of the portion you own? \$200,000.00 Current value of the portion you own? \$200,000.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. | | |
| County | Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Fee Simple Check if this is comme (see instructions) | nunity property | |
| | Other information you wish to add about property identification number: | ut this item, such as local | _ | |
| ATKINSON S/D LTS 1-3; LTS 10-12 BLK | 3.6 | | | |
| Commercial Real Estate | | | | |
| Jim Wells County references this properties at 1003 W. San Diego Hwy. | erty as 1009 Front W. However the ad | dress that is used by USI | PS, UPS and the Debto | |
| • • | own for all of your entries from Part 1, inc Part 1. Write that number here | | \$253,000.00 | |

| Debtor 1 Jen | nifer O. Garcia | Cas | Case number (if known) | | | |
|---|--|---|---|---------------------------------------|--|--|
| Part 2: De | escribe Your Vehicles | | | | | |
| - | | le interest in any vehicles, whether they are e a vehicle, also report it on Schedule G: Exec | _ | • | | |
| 3. Cars, vans, | trucks, tractors, sport utilit | y vehicles, motorcycles | | | | |
| □ No ☑ Yes | | | | | | |
| 3.1. Make: | Nissan | Who has an interest in the property? Check one. | amount of any secured cla | | | |
| Model: | Frontier | Debtor 1 only | Creditors Who Have Claim | | | |
| Year: | 2005 | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? | | |
| Approximate mile | age: 180,000 | ☐ At least one of the debtors and another | | \$2,500.00 | | |
| Other information | : | | <u> </u> | | | |
| 2005 Nissan Fr miles) | ontier (approx. 180000 | Check if this is community property (see instructions) | | | | |
| Debtors nephe | w drives this vehicle. | | | | | |
| 3.2. | | Who has an interest in the property? | | ims or exemptions. Put the | | |
| Make: | Chevy | Check one. | amount of any secured cla Creditors Who Have Claim | | | |
| Model: | Captiva | Debtor 1 only Debtor 2 only | Current value of the | Current value of the | | |
| Year: | 2014 | Debtor 1 and Debtor 2 only | entire property? | portion you own? | | |
| Approximate mile | age: 21,000 | At least one of the debtors and another | \$14,000.00 | \$14,000.00 | | |
| Other information | | | | | | |
| 2014 Chevy Ca miles) | ptiva (approx. 21000 | Check if this is community property (see instructions) | | | | |
| 3.3. | | Who has an interest in the property? | Do not deduct secured cla | ims or exemptions. Put the | | |
| Make: | Chevy | Check one. | amount of any secured cla | • | | |
| Model: | Tahoe | Debtor 1 only | Creditors Who Have Claim | is Secured by Property. | | |
| Year: | 2013 | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? | | |
| Approximate mile | age: 82,000 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | \$0.00 | \$0.00 | | |
| Other information | <u></u> | | Ψ0.00 | Ψ0.00 | | |
| 2013 Chevy Ta miles) | hoe (approx. 82000 | Check if this is community property (see instructions) | | | | |
| 3.4. | | Who has an interest in the property? | | ims or exemptions. Put the | | |
| Make: | Chevy | Check one. | amount of any secured cla Creditors Who Have Claim | | | |
| Model: | 3500 | Debtor 1 only | Current value of the | | | |
| Year: | 2015 | Debtor 2 only Debtor 1 and Debtor 2 only | entire property? | Current value of the portion you own? | | |
| Approximate mile | age: 45,000 | At least one of the debtors and another | Unknown | Unknown | | |
| Other information 2015 Chevy 35 miles) | : 00 (approx. 45000 | Check if this is community property (see instructions) | | | | |
| Debtor's decea Mexico. Debtor of this vehicle | as taken by a relative of used husband to rs is not in possession and is working with the upany concerning a ehicle. | | | | | |

| Debtor 1 Jenni | | Jennifer O. | Garcia C | Case number (if known) | | |
|----------------|-------------------------------------|----------------|--|--------------------------|---|--|
| 4. | Waterci Example ✓ No ☐ Yes | | | | | |
| 5. | | | of the portion you own for all of your entries from Part 2, in have attached for Part 2. Write that number here | | \$16,500.00 | |
| Р | art 3: | Describe | Your Personal and Household Items | | | |
| Do | you own | or have any l | egal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | |
| 6. | | old goods an | d furnishings iances, furniture, linens, china, kitchenware | | | |
| | □ No | os. Major appr | anoss, rumitato, micho, omia, kitorionware | | | |
| | ₩ Yes | . Describe | Kitchen: stove, refrigerator, freezer, dishes, pots, pans, misc small appliances | . household items, misc. | \$2,650.00 | |
| | | | Utility room: washer and dryer | | | |
| | | | Dining room: dining table and chairs | | | |
| | | | Living room: couches, chair, coffee table, TV, ET center, rugs, land | mps, misc. | | |
| | | | Bedrooms: Bedroom 1: bed, TV, chest of drawers Bedroom 2: bed, TV, chest of drawers Bedroom 3: bed, chest of drawers Bedroom 4: bed, chest of drawers Bedroom 5: bed, chest of drawers | | | |
| | | | Patio: bbq pit; lawn chairs, table | | | |
| | | | Garage: Misc. small hand tools, garden tools and small gard | en applinaces, junk | | |
| | | | Estimated garage sale value used | | | |
| 7. | Electron Example | es: Television | s and radios; audio, video, stereo, and digital equipment; compections; electronic devices including cell phones, cameras, me | · · | | |
| | □ No ✓ Yes | . Describe | iPad | | \$150.00 | |
| 8. | | • | nd figurines; paintings, prints, or other artwork; books, pictures n, or baseball card collections; other collections, memorabilia, | | | |
| | ✓ No ☐ Yes | . Describe | | | | |

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| Deb | tor 1 Jennifer O. | Garcia | Case number (if known) | |
|-----|--|---|---|---|
| 9. | | s and hobbies notographic, exercise, and other hobby equipment; bind kayaks; carpentry tools; musical instruments | cycles, pool tables, golf clubs, skis; | |
| | ✓ No ☐ Yes. Describe | | | |
| 10. | • | les, shotguns, ammunition, and related equipment | | |
| | No Yes. Describe | 4 Guns | | Unknown |
| | | These guns were owned by Debtor's deceathe types of guns or the value. | sed husband. She is not aware of | |
| 11. | Clothes <i>Examples:</i> Everyday | clothes, furs, leather coats, designer wear, shoes, ac | cessories | |
| | No ✓ Yes. Describe | Women's clothing | | \$150.00 |
| 12. | Jewelry Examples: Everyday gold, silve | jewelry, costume jewelry, engagement rings, wedding | g rings, heirloom jewelry, watches, gems, | |
| | □ No ☑ Yes. Describe | Wedding band, costume jewelry | | \$300.00 |
| 13. | Non-farm animals Examples: Dogs, cats | s, birds, horses | | |
| | □ No ☑ Yes. Describe | 4 Dogs | | \$50.00 |
| 14. | Any other personal a | and household items you did not already list, inclu | ıding any health aids you | |
| | ✓ No Yes. Give specifi information | | | |
| 15. | | of all of your entries from Part 3, including any er Write the number here | _ | \$3,300.00 |
| Pa | art 4: Describe | Your Financial Assets | • | |
| Doy | ou own or have any l | legal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money you petition | u have in your wallet, in your home, in a safe deposit | box, and on hand when you file your | |
| | □ No ☑ Yes | | Cash: | \$500.00 |
| 17. | | savings, or other financial accounts; certificates of chouses, and other similar institutions. If you have milist each. | • | |
| | □ No ✓ Yes | Institution name: | | |

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| Deb | tor 1 | <u>Je</u> | nnifer O. Ga | rcia | | Case number (if known) | |
|-----|---|-------------------|---|----------------|---------------|---|-------------|
| | | 17.1. | Checking ac | ccount: | First Con | nmunity Bank Business Checking account | |
| | | | | | Alice Scr | een Printing | \$2,400.00 |
| | | 17.2. | Checking a | ccount: | First Con | nmunty Bank Personal Checking account | \$54.00 |
| | | 17.3. | Checking a | ccount: | First Con | nmunity Checking account | |
| | | | | | Joint acc | ount with nephew. | \$76.00 |
| | | 17.4. | Checking ac | ccount: | IBC Bank | Checking account | \$40.00 |
| 18. | Еха | • | tual funds, o i Bond funds, ii | | | s n brokerage firms, money market accounts | |
| | | Yes | | . Institutior | n or issuer n | ame: | |
| 19. | an i | - | ly traded stoe in an LLC, pa | | | orporated and unincorporated businesses, including inture | |
| | | | ive specific | | | | |
| | | | | . Name of | entity: | % of ownership: | |
| 20. | Neg | gotiable | instruments in | nclude perso | nal checks, | egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them. | |
| | ب | informa | ive specific | . Issuer na | me: | | |
| 21. | | mples: | or pension a Interests in IR profit-sharing | RA, ERISA, K | (eogh, 401(l | x), 403(b), thrift savings accounts, or other pension or | |
| | ш | No | | | | | |
| | $ \overline{\mathbf{A}} $ | | st each t separately. | Type of ac | count: | Institution name: | |
| | | | | IRA: | | IRA | \$20,000.00 |
| 22 | Sec | urity de | eposits and p | renavments | | | · , |
| | You <i>Exa</i> | r share mples: | of all unused | deposits you | ı have made | e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | |
| | \checkmark | | | | | | |
| 22 | _ | | /A contract fo | | | stitution name or individual: | |
| 23. | Anr | | (A contract to | r a specific p | eriodic pay | ment of money to you, either for life or for a number of years) | |
| | | | | . Issuer na | me and des | scription: | |
| 24. | 26 l | J.S.C. § | an education | | | a qualified ABLE program, or under a qualified state tuition program. | |
| | Image: Control of the con | | | Inetitution | name and | description. Separately file the records of any interests. 11 U.S.C. § 521(c) | |
| 25 | _ | | | | | y (other than anything listed in line 1), and rights or | |
| _0. | | _ | ercisable for | | | , (a. a, ag noted in time 1), and rights of | |
| | ب | No | | | | | |
| | | | ive specific ition about the | em | | | |

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| Deb | otor 1 Jennifer O. Garcia | | Case number (if know | n) | |
|-----|---|---|--------------------------------------|------------------|--|
| 26. | | trade secrets, and other intellectu, websites, proceeds from royalties a | | | |
| | | , websites, proceeds from royalites a | nd licensing agreements | | |
| | ✓ No Yes. Give specific information about them | | | _ | |
| 27. | Licenses, franchises, and other g Examples: Building permits, exclus | general intangibles sive licenses, cooperative associatio | n holdings, liquor licenses, profess | sional licenses | S |
| | ☑ No | | | | |
| | Yes. Give specific | | | _ | |
| | information about them | | | | |
| Mor | ney or property owed to you? | | | p o Do | urrent value of the ortion you own? o not deduct secured aims or exemptions. |
| 28. | Tax refunds owed to you | | | | |
| | □ No | | | | |
| | | Federal: Anticipated Tax Refu | und | Federal: | \$0.00 |
| | about them, including whether you already filed the returns | Dobtor was to ressive \$2.242 | 00 for her 2016 1040 | State: | \$0.00 |
| | and the tax years | Debtor was to receive \$3,342 however these funds were ca applied to her IRS liability. A | ptured by the IRS and | Local: | \$0.00 |
| 20 | Family support | | | | |
| 29. | | alimony, spousal support, child suppo | ort, maintenance, divorce settleme | nt, property s | ettlement |
| | √ No | | | | |
| | Yes. Give specific information | | Alimony: | _ | |
| | | | Maintena | ance: | |
| | | | Support: | _ | |
| | | | Divorce | settlement: | |
| | | | Property | settlement:_ | |
| 30. | Other amounts someone owes yo | OU | | | |
| | Examples: Unpaid wages, disability | y insurance payments, disability ben Security benefits; unpaid loans you m | | ers' | |
| | ✓ No✓ Yes. Give specific information | | | _ | |
| 31. | Interests in insurance policies Examples: Health, disability, or life | insurance; health savings account (| HSA); credit, homeowner's, or rent | er's insurance |) |
| | No Yes. Name the insurance company of each policy and list its value C | company name: | Beneficiary: | Surre | nder or refund value: |
| 32. | | ue you from someone who has die | • | | |
| | | trust, expect proceeds from a life in | | | |
| | ✓ No✓ Yes. Give specific information | | | _ | |
| 33. | - | ther or not you have filed a lawsuited in the disputes, insurance claims, or rights | | ! | |
| | ✓ No ☐ Yes. Describe each claim | | | | |

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| Deb | tor 1 | Jennifer O. | Garcia | | Case number | er (if known) | |
|-----|---------------|----------------------------------|--|---|------------------|------------------|---|
| 34. | | ontingent and o set off claim | • | ns of every nature, including counter | rclaims of the c | debtor and | |
| | ✓ No ☐ Yes | s. Describe ea | ch claim | | | | |
| 35. | Any fina | ancial assets | you did not already | / list | | | |
| | ✓ No ☐ Yes | s. Give specific | c information | | | | |
| 36. | | | | s from Part 4, including any entries here | | _ | \$23,070.00 |
| Pa | art 5: | Describe A | ny Business-Re | elated Property You Own or H | ave an Inter | est In. List any | real estate in Part 1. |
| 37. | Do you | own or have | any legal or equital | ple interest in any business-related p | property? | | |
| | _ | Go to Part 6. Go to line 38 | 3. | | | | |
| | | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accoun | nts receivable | or commissions yo | ou already earned | | | |
| | ✓ No ☐ Yes | s. Describe | | | | | |
| 39. | | es: Business-ı | rnishings, and supprelated computers, sairs, electronic device | oftware, modems, printers, copiers, fax | x machines, rug | ıs, telephones, | |
| | ✓ No ☐ Yes | s. Describe | | | | | |
| 40. | Machin | ery, fixtures, | equipment, supplie | s you use in business, and tools of y | your trade | | |
| | □ No ✓ Yes | s. Describe (| See continuation | page(s). | | | \$32,600.00 |
| 41. | Invento | ory | | | | | |
| | ✓ No ☐ Yes | s. Describe | | | | | |
| 42. | Interest | ts in partnersl | hips or joint venture | es | | | |
| | □ No ☑ Yes | s. Describe | Name of entity: | | | % of ownership: | |
| | | | 5 Star Logistics | , LLC | | | |
| | | | - | longer doing business. It owns disrepair along with various eq | | 50% | \$20,000.00 |
| 43. | Custom | ner lists, maili | ng lists, or other co | ompilations | | | |
| | ✓ No ☐ Yes | ☐ No | ts include personal | ly identifiable information (as defined | d in 11 U.S.C. § | § 101(41A))? | |

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| Deb | otor 1 | Jennifer O. Garcia | Case number (if known) | |
|-----|-----------------------------|---|---|---|
| 44. | Any bu | siness-related property you did not already list | | |
| | ☑ No | | | |
| | ☐ Yes | . Give specific information. | | |
| 45. | | e dollar value of all of your entries from Part 5, included for Part 5. Write that number here | | \$52,600.00 |
| P | | Describe Any Farm- and Commercial Fishing for you own or have an interest in farmland, list i | | n Interest In. |
| 46. | Do you | own or have any legal or equitable interest in any fa | rm- or commercial fishing-related property? | |
| | | Go to Part 7 Go to line 47. | | |
| 4-7 | F | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a Example ✓ No ☐ Yes | es: Livestock, poultry, farm-raised fish | | |
| 48. | _ | either growing or harvested | | |
| | ☑ No | . Give specific rmation | | |
| 49. | Farm a | nd fishing equipment, implements, machinery, fixture | es, and tools of trade | |
| | ✓ No | | | |
| 50. | Farm a | nd fishing supplies, chemicals, and feed | | |
| | ✓ No ☐ Yes | | | |
| 51. | Any far | m- and commercial fishing-related property you did | not already list | |
| | | . Give specific rmation | | |
| 52. | | dollar value of all of your entries from Part 6, included for Part 6. Write that number here | | \$0.00 |
| P | art 7: | Describe All Property You Own or Have an | Interest in That You Did Not List Above | |
| 53. | • | have other property of any kind you did not already es: Season tickets, country club membership | list? | |
| | □ No | | | |
| | | . Give specific information. | | \$25,000.00 |
| | <u></u> | | 1 | |
| 54. | Add the | dollar value of all of your entries from Part 7. Write | that number here | \$25,000.00 |

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| Debtor 1 | Jennifer O. Garcia | Case number (if known) | | | | | |
|------------|--|------------------------|--------------------------------|--------------|--|--|--|
| Part 8: | List the Totals of Each Part of this Form | | | | | | |
| 55. Part 1 | l: Total real estate, line 2 | | → | \$253,000.00 | | | |
| 56. Part 2 | 2: Total vehicles, line 5 | \$16,500.00 | | | | | |
| 57. Part 3 | 3: Total personal and household items, line 15 | \$3,300.00 | | | | | |
| 58. Part 4 | I: Total financial assets, line 36 | \$23,070.00 | | | | | |
| 59. Part 5 | 5: Total business-related property, line 45 | \$52,600.00 | | | | | |
| 60. Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | | | |
| 61. Part 7 | 7: Total other property not listed, line 54 | +\$25,000.00 | | | | | |
| 62. Total | personal property. Add lines 56 through 61 | \$120,470.00 | Copy personal property total + | \$120,470.00 | | | |
| 63. Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$373,470.00 | | | |

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| Debtor | Jennifer O. Garcia | Case number (if known) |
|----------------|--|------------------------|
| 40. <u>M</u> a | chinery, fixtures, equipment, supplies you use in business, and tools of y | your trade (details): |
| Αι | ntomatic Press | \$12,000.00 |
| Co | ommercial Oven | \$2,000.00 |
| Ma | anual Press | \$500.00 |
| 2 | Heat Presses | \$200.00 |
| So | reen Burner | \$200.00 |
| Mi | sc. Screens | \$200.00 |
| W | ash Rack | \$50.00 |
| In | • | \$100.00 |
| Sc | ueegees | \$100.00 |
| 2 | Flash Dryers | \$150.00 |
| Va | nyl | \$100.00 |
| 3 (| Computers | \$1,000.00 |
| M | echanic Bull | \$16,000.00 |

| Fill in this inf | ormation to i | dentify your | case: | | | |
|--|--|---|--|-------------------------|---|---|
| Debtor 1 | Jennifer First Name | O. Middle Name | Garcia | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | e Last Name | | | |
| 1 | | | RN DISTRICT OF 1 | ΓEΧ <i>Α</i> | as | |
| Case number (if known) | | <u> </u> | | | | ☐ Check if this is an amended filing |
| Official Form | 106C | | | | | |
| | | erty You Cl | aim as Exemp | ot | | 04/16 |
| Using the property space is needed, fi write your name an | you listed on Sch ill out and attach t nd case number (if property you clai | nedule A/B: Prop to this page as m known). m as exempt, yo | erty (Official Form 100 nany copies of Part 2 ou must specify the a | 6A/B) 2: Add | as your source, list the ditional Page as nece | esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so |
| exempted up to the receive certain be exemption of 100° | ne amount of any enefits, and tax-e % of fair market v | applicable stat xempt retiremei value under a la | cutory limit. Some ex nt fundsmay be unl w that limits the exe | emp imite mpti | tionssuch as those ed in dollar amount. F | value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount. |
| Part 1: Ide | entify the Prop | erty You Cla | nim as Exempt | | | |
| 1. Which set of | exemptions are | you claiming? | Check one only, | even | if your spouse is filing | with you. |
| لك ا | • | | kruptcy exemptions. J.S.C. § 522(b)(2) | 11 U. | S.C. § 522(b)(3) | |
| 2. For any prop | erty you list on S | Schedule A/B th | at you claim as exer | npt, f | ill in the information | below. |
| Brief description of Schedule A/B that | | | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: | | | \$30,000.00 | $\overline{\mathbf{A}}$ | \$28,479.00 | Const. art. 16 §§ 50, 51, Texas |
| 220 CR 153 CAMADA RANC | H PT LTS 25 & | 26 BLK 5 | | | 100% of fair market value, up to any applicable statutory | Prop. Code §§ 41.001002 |
| 10 Acres | | | | | limit | |
| Debtor's son liv mobile home that Line from Schedule | at he owns. | erty in a | | | | |
| | | | _ | | | |

| Debtor 1 Jennifer O. Garcia | | Case number | (if known) |
|--|--------------------------------------|---|---|
| Part 2: Additional Page | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: 2005 Nissan Frontier (approx. 180000 miles) | \$2,500.00 | \$2,500.00 100% of fair market value, up to any applicable statutory | Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) |
| Debtors nephew drives this vehicle. Line from Schedule A/B: 3.1 | | limit | |
| Brief description: 2014 Chevy Captiva (approx. 21000 miles) Line from Schedule A/B: 3.2 | \$14,000.00 | \$14,000.00 100% of fair market value, up to any applicable statutory | Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) |
| | | limit | |
| Brief description: Kitchen: stove, refrigerator, freezer, dishes, pots, pans, misc. household items, misc. small appliances | \$2,650.00 | \$2,650.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Utility room: washer and dryer | | | |
| Dining room: dining table and chairs | | | |
| Living room: couches, chair, coffee table, TV, ET center, rugs, lamps, misc. | | | |
| Bedrooms: Bedroom 1: bed, TV, chest of drawers Bedroom 2: bed, TV, chest of drawers Bedroom 3: bed, chest of drawers Bedroom 4: bed, chest of drawers Bedroom 5: bed, chest of drawers | | | |
| Patio: bbq pit; lawn chairs, table | | | |
| Garage: Misc. small hand tools, garden tools and small garden applinaces, junk | | | |
| Estimated garage sale value used Line from Schedule A/B: 6 | | | |
| Brief description: iPad Line from Schedule A/B:7 | \$150.00 | \$150.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

| Jenniter O. Garcia | | | Case numbe | r (if known) |
|--|--|-----------|---|--|
| Part 2: Additional Page | | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: 4 Guns These guns were owned by Debtor's | Unknown | | \$0.00 100% of fair market value, up to any applicable statutory | Tex. Prop. Code §§ 42.001(a), 42.002(a)(7) |
| deceased husband. She is not aware of the types of guns or the value. Line from Schedule A/B:10 | | | limit | |
| Brief description: Women's clothing | \$150.00 | Ø | \$150.00 100% of fair market | Tex. Prop. Code §§ 42.001(a), 42.002(a)(5) |
| Line from Schedule A/B:11 | | | value, up to any applicable statutory limit | 42.002(a)(0) |
| Brief description: Wedding band, costume jewelry | \$300.00 | <u> </u> | \$300.00 100% of fair market | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Line from Schedule A/B:12 | | _ | value, up to any applicable statutory limit | |
| Brief description: 4 Dogs | \$50.00 | \square | \$50.00 100% of fair market | Tex. Prop. Code §§ 42.001(a), 42.002(a)(11) |
| Line from Schedule A/B:13 | | | value, up to any applicable statutory limit | |
| Brief description: | \$20,000.00 | <u> </u> | \$20,000.00 100% of fair market | 29 U.S.C. § 1056(d) |
| Line from Schedule A/B:21 | | | value, up to any applicable statutory limit | |
| Brief description: Automatic Press | \$12,000.00 | | \$12,000.00 100% of fair market | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Line from Schedule A/B:40 | | | value, up to any applicable statutory limit | |
| Brief description: Commercial Oven | \$2,000.00 | | \$2,000.00 100% of fair market | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Line from Schedule A/B:40 | | _ | value, up to any applicable statutory limit | |
| Brief description: Manual Press | \$500.00 | \square | \$500.00 100% of fair market | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Line from Schedule A/B:40 | | | value, up to any applicable statutory limit | · CAT |

Debtor 1 Jennifer O. Garcia Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$200.00 \$200.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ 2 Heat Presses 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: 40 applicable statutory limit Brief description: \$200.00 Tex. Prop. Code §§ 42.001(a), \$200.00 \checkmark Screen Burner 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$200.00 \$200.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ 42.002(a)(4) Misc. Screens 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$50.00 \$50.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ Wash Rack 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$100.00 \$100.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{A}}$ Ink 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: 40 applicable statutory limit Brief description: \$100.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{V}}$ \$100.00 Squeegees 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: 40 applicable statutory limit Brief description: \$150.00 \$150.00 Tex. Prop. Code §§ 42.001(a), $oldsymbol{
abla}$ 2 Flash Dryers 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: 40 applicable statutory limit Brief description: \$100.00 \$100.00 Tex. Prop. Code §§ 42.001(a), ablaVanyl 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: 40 applicable statutory limit Brief description: \$1,000.00 Tex. Prop. Code §§ 42.001(a), \$1,000.00 \checkmark 3 Computers 100% of fair market 42.002(a)(4) value, up to any Line from Schedule A/B: applicable statutory limit

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| Debtor 1 Jennifer O. Garcia | Case number (if known) | | | | | |
|--|--|---|--|--|--|--|
| Part 2: Additional Page | | | | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | |
| | Copy the value from Schedule A/B | Check only one box for each exemption | | | | |
| Brief description: Mobile Home | \$25,000.00 | \$25,000.00 100% of fair market | Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002 | | | |
| Line from Schedule A/B:53 | | value, up to any applicable statutory limit | | | | |

| Fill in this inf | ormat | ion to identif | y vour case | ۵۰ | | | |
|---|---|--|---|---|-------------------------------|---------------------------------|-----------|
| | | | | | | | |
| Debtor 1 | Jenni First Na | |). ⁄liddle Name | Garcia Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Na | ame M | /liddle Name | Last Name | | | |
| United States Bar | nkruptc | v Court for the: \$ | SOUTHERN | DISTRICT OF TEXAS | | | |
| Case number | | , count to: u.o. <u>s</u> | | | | | |
| (if known) | | | | | | Check if this is amended filing | |
| Official Forms | 400 | | | | | amonaca min | , |
| Official Form | | | | | _ | | |
| Schedule D: | Cre | ditors Who | Have Cla | aims Secured by | Property | | 12/15 |
| correct information on the top of any 1. Do any credit No. Che Yes. Fill Part 1: Lis 2. List all secur claim, list the creditor has a much as poss creditor's name 2.1 First State Bk Sa | on. If m addition tors have ck this in all of the All S ed claim creditor particulible, listing. | ve claims secured the information of the informatio | eded, copy the your name a ed by your problem to the below. This form to the below. This more than ach claim. If nother creditors phabetical order the secures the end of the country that the | one secured nore than one in Part 2. As er according to the e claim: | out, number the entri vn). | es, and attach it to thi | s form. |
| Creditor's name | un Dic | | – 1003 W. S | an Diego Hwy | | | |
| Po Box 427 Number Street | | | _ | | | | |
| | | | As of the da | ate you file, the claim is: | Check all that apply. | | |
| San Diego City | TX State | 78384 ZIP Code | Unliquid | | | | |
| Who owes the del | | | Dispute | | | | |
| Debtor 1 only | | | | en. Check all that apply.ement you made (such as | s mortgage or secured | car loan) | |
| Debtor 2 only | | | _ | y lien (such as tax lien, m | | , | |
| Debtor 1 and D | | | Judgme | ent lien from a lawsuit | | | |
| | | otors and anothe | ✓ Other (ii | ncluding a right to offset) | | | |
| to a communi | | | Conve | ntional Real Estate Mo | ortgage | | |
| Date debt was inc | urred | 03/2017 | _ Last 4 digit | s of account number | 9 8 0 0 | | |
| Debtor is propos | _ | | erty within 1 | 2 months and that no | payments be mad | e towards the loan | given the |

\$122,415.00

| Debtor 1 Jennifer O. Garcia | Case number (if known) | | | | |
|---|--|--|---|-----------------------------------|--|
| Additional Page Part 1: After listing any entries on sequentially from the previous | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
| Jim Wells Co. Tax Assessor-Col Creditor's name P.O. Box 1051 Number Street Alice TX 78333-1051 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | Describe the property that secures the claim: 904 N. Wright As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Ad Valorem Taxes | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | |
| Jim Wells Co. Tax Assessor-Col Creditor's name P.O. Box 1051 Number Street | Describe the property that secures the claim: 220 CR 153 | \$1,521.00 | \$30,000.00 | | |
| Alice TX 78333-1051 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, musure) Judgment lien from a lawsuit Other (including a right to offset) Ad Valorem Taxes | s mortgage or secured | car loan) | | |
| Date debt was incurred | Last 4 digits of account number | | | | |

\$1,521.00

| Debtor 1 Jennifer O. Garcia | | | Case number (if known) | | | | | |
|--|---|---|--|---|-----------------------------------|--|--|--|
| Part 1: | Additional Page After listing any entries on sequentially from the previous | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | | | |
| Creditor's name P.O. Box 1 | | Describe the property that secures the claim: \$3,744.75 \$20,000.00 Commercial Personalty 2013-2016 | | | | | | |
| Debtor De | • | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Ad Valorem Taxes | mortgage or secured | car loan) | | | | |
| Date debt v | vas incurred | Last 4 digits of account number | E E 0 1 | | | | | |
| Creditor's name P.O. Box 1 | | Describe the property that secures the claim: Business Personalty 2013-2016 | \$14,175.00 | \$20,000.00 | | | | |
| Debtor Debtor Debtor At least Check | | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Ad Valorem Taxes | mortgage or secured | car loan) | | | | |
| Date debt w | vas incurred | Last 4 digits of account number | E E 0 4 | | | | | |

\$17,919.75

| Debtor 1 Jennifer O. Garcia | | Case number (if known) | | | | |
|---|---|--|---|-----------------------------------|--|--|
| Part 1: Additional Page After listing any entries on sequentially from the previous | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | | |
| Z.6 Jim Wells Co. Tax Assessor-Col Creditor's name P.O. Box 1051 Number Street | Describe the property that secures the claim: Commercial Vehicles 2014-2016 | \$1,474.00 | \$20,000.00 | | | |
| Alice TX 78333-1051 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med) Judgment lien from a lawsuit Other (including a right to offset) Ad Valorem Taxes | mortgage or secured | car loan) | | | |
| Date debt was incurred | Last 4 digits of account number | E E 0 1 | | | | |
| 2.7 Mechanical Bull Sales Creditor's name 220 Regent Court Number Street | Describe the property that secures the claim: Mechanic Bull | \$8,500.00 | \$16,000.00 | | | |
| State College PA 16801 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Purchase Money | mortgage or secured | car loan) | | | |
| Date debt was incurred | Last 4 digits of account number | | | | | |
| Debtor is proposing to sell this asset proceeds to paid into the bankruptcy | | fter a motion to se | ll in this bankruptcy | case with the | | |

\$9,974.00

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| Debtor 1 Jennifer O. Garcia | Case number (if known) | | | |
|--|--|--|---|-----------------------------------|
| Additional Page Part 1: After listing any entries on this page, number them sequentially from the previous page. | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| Navy Army Community Cu Creditor's name Po Box 81349 Number Street | Describe the property that secures the claim: 2013 Chevy Tahoe | \$45,895.00 | \$0.00 | \$45,895.00 |
| Corpus Christi TX 78468 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, many Judgment lien from a lawsuit Other (including a right to offset) Automobile | s mortgage or secured echanic's lien) | car loan) | |
| Date debt was incurred 06/2016 | Last 4 digits of account number | 1 9 0 8 | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

.

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$45,895.00

| Fill in this inf | ormation to i | dentify your o | ase: | | | | |
|---|---|--|--|----------------------------|---|--|-----------------------------|
| Debtor 1 | Jennifer | Ο. | Garcia | _ | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | _ | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | nkruptcy Court fo | r the: SOUTHEF | RN DISTRICT OF TEXAS | _ | | | |
| Case number | | | | | г | Check if this is a | an |
| (if known) | | | | | _ | amended filing | ~·· |
| Official Form | 106E/F | | | | | | |
| Schedule E/ | /F: Creditor | s Who Hav | e Unsecured Claims | | | | 12/15 |
| Do not include an If more space is not to this page. On the | y creditors with needed, copy the the top of any ad | partially secured Part you need, f ditional pages, v | and on Schedule G: Executory I claims that are listed in Sched ill it out, number the entries in twrite your name and case numb secured Claims | <i>lule D</i> he bo | : Creditors Who F exes on the left. A | lold Claims Secur | ed by Property. |
| | | | ms against you? | | | | |
| — N. O. | | y unsecured clar | ins against you: | | | | |
| ☐ No. Go | 10 T ATT 2. | | | | | | |
| claim. For ea show both pric more space is claim, list the | ch claim listed, ic ority and nonprior s needed for prior other creditors in | entify what type o ity amounts. As r ity unsecured clai Part 3. | creditor has more than one priori f claim it is. If a claim has both p nuch as possible, list the claims in ms, fill out the Continuation Page e instructions for this form in the i | riority n alph of Pa | and nonpriority am abetical order accort 1. If more than o | ounts, list that clain ording to the credite | m here and or's name. If |
| (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , | , | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | | | | \$2,825.00 | \$2,825.00 | \$0.00 |
| Cavada Law Off | fice | | | | ΨΣ,0Σ0.00 | ΨΣ,020.00 | Ψ0.00 |
| Priority Creditor's Nam | ne | | Last 4 digits of account numb | er _ | | | |
| 4646 Corona, St Number Street | te. 165 | | When was the debt incurred? | 05 | 5/18/2017 | _ | |
| | | | - As of the date you file, the cla | im is: | : Check all that ap | olv. | |
| | | | Contingent | | , | ,- | |
| Corpus Christi | тх | 78411 | Unliquidated | | | | |
| City | State | ZIP Code | - Disputed | | | | |
| Who incurred the | debt? Check | one. | Type of PRIORITY unsecured | claim |): | | |
| Debtor 1 only Debtor 2 only | | | Domestic support obligation | | avva tha aavvaram | ant | |
| Debtor 1 and D | Debtor 2 only | | Taxes and certain other del | - | - | ieni | |
| | the debtors and | another | intoxicated | j | y mme yeu nere | | |
| | claim is for a cor | nmunity debt | Other. Specify | | | | |
| Is the claim subje | ct to offset? | | Attorney fees for this c | ase | | | |
| ✓ No Yes | | | | | | | |

| Debtor 1 Jennifer O. Garcia | C | ase number (if known | ι) | |
|--|---|------------------------|-----------------|--------------------|
| Part 1: Your PRIORITY Unsecured 0 | Claims Continuation Page | | | |
| After listing any entries on this page, number the previous page. | em sequentially from the | Total claim | Priority amount | Nonpriority amount |
| 2.2 | | \$36,000.00 | \$36,000.00 | \$0.00 |
| Internal Revenue Service Priority Creditor's Name Insolvency Group 3 Number Street | Last 4 digits of account number When was the debt incurred? | | _ | |
| 1240 E 9th Street, Room 457 | As of the date you file, the claim Contingent | is: Check all that app | oly. | |
| Cleveland OH 44199 City State ZIP Code | Unliquidated Disputed | | | |
| Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of PRIORITY unsecured cla ☐ Domestic support obligations ☐ Taxes and certain other debts ☐ Claims for death or personal in intoxicated ☐ Other. Specify | you owe the governm | ent | |
| ☑ No ☐ Yes | | | | |

| Debtor 1 | Jennifer O. Garcia | Case number (if known) | |
|---------------------------------|--|--|--------|
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | |
| 3. Do any | r creditors have nonpriority unsecured | I claims against you? | |
| □ No ☑ Ye | • | . Submit this form to the court with your other schedules. | |
| If a cre type of | ditor has more than one nonpriority unse claim it is. Do not list claims already inc | in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify wholded in Part 1. If more than one creditor holds a particular claim, list the other creditors unsecured claims, fill out the Continuation Page of Part 2. | |
| | | Total cl | aim |
| 4.1 Bank Of A Nonpriority Cro | | Last 4 digits of account number 7 4 7 1 | 158.00 |
| NC4-105-0 | 3-14 | When was the debt incurred? 01/2015 | |
| Number S | Street 6012 | As of the date you file, the claim is: Check all that apply. Contingent | |
| | | Unliquidated | |
| Greensbo | ro NC 27410 | Disputed | |
| City | State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| wno incurre | ed the debt? Check one. | ☐ Student loans | |
| Debtor 2 | • | Obligations arising out of a separation agreement or divorce | |
| _ | 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| ш | one of the debtors and another | Other. Specify | |
| _ | f this claim is for a community debt | Credit Card | |
| | subject to offset? | | |
| ✓ No ☐ Yes | | | |
| | | | |
| 4.2 | | Unk | nown |
| Bk Of Ame | | Last 4 digits of account number 7 7 9 4 | |
| Nonpriority Cre 4909 Sava | | When was the debt incurred? 07/08/2014 | |
| | Street | As of the date you file, the claim is: Check all that apply. | |
| | | _ Contingent | |
| | | ☐ Unliquidated ☐ Disputed | |
| Tampa | FL 33634 State ZIP Code | | |
| City Who incurre | State ZIP Code ed the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ✓ Debtor | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 | | that you did not report as priority claims | |
| | 1 and Debtor 2 only one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ш | | Other. Specify | |
| — | f this claim is for a community debt | Automobile | |
| Is the claim No | subject to offset? | | |
| ✓ Yes | | | |
| _ | le was owned by Debtor's deceas | ed husband and was taken to Meyico by one of his family members | |

Official Form 106E/F

| Debtor 1 Jennifer O. Garcia | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number ther previous page. | m sequentially from the | Total claim |
| 4.3 | | \$116.00 |
| Capio Partners Llc | Last 4 digits of account number 2 2 8 8 | 411000 |
| Nonpriority Creditor's Name | When was the debt incurred? 07/2016 | |
| 2222 Texoma Pkwy Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent | |
| | Unliquidated | |
| Sherman TX 75091 | □ Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans | |
| Debtor 7 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| | Collection Attorney | |
| Is the claim subject to offset? | | |
| No No | | |
| Yes | | |
| 4.4 | | \$5,657.00 |
| Capital One | Last 4 digits of account number 6 6 0 1 | |
| Nonpriority Creditor's Name | When was the debt incurred? 09/2006 | |
| Attn: Bankruptcy Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 30253 | _ Contingent | |
| | Unliquidated | |
| Salt Lake City UT 84130 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| No Vos | | |
| Yes | | |
| 4.5 | | \$726.00 |
| Capital One | Last 4 digits of account number 4 3 5 8 | <u>·</u> |
| Nonpriority Creditor's Name | When was the debt incurred? 10/2010 | |
| Attn: General Correspondence/Bankruptcy Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 30285 | _ Contingent | |
| | Unliquidated | |
| Salt Lake City UT 84130 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| No You | | |
| Yes | | |

| Debtor 1 Jennifer O. Garcia | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.6 | | \$1,296.53 |
| Dahil | Last 4 digits of account number 3 3 2 6 | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| P.O. Box 205354 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent | |
| | Unliquidated | |
| Dallas TX 75320 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify Goods/Services | |
| Is the claim subject to offset? | Goods/Services | |
| No No | | |
| Yes | | |
| | | |
| 4.7 | | Unknown |
| Phoenix Financial Services, LLC | Last 4 digits of account number | |
| Nonpriority Creditor's Name 520 Zang St., Ste. 211 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Broomfield CO 46226 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Collections | |
| Is the claim subject to offset? | | |
| ▼ No | | |
| Yes | | |
| | | |
| 4.8 | | \$4,594.07 |
| Webster Truck Repair Nonpriority Creditor's Name | Last 4 digits of account number | |
| 5750 E. Hwy 359 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Alice TX 78332 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Goods/Services | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |

| Debtor 1 | Jennifer O. Garcia | | Case number (if known) |
|--------------------------------|--|--|--|
| Part 3: | List Others to B | e Notified Ab | out a Debt That You Already Listed |
| For ex credite debts | cample, if a collection a or in Parts 1 or 2, then | gency is trying t list the collection 1 or 2, list the a | otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. o collect from you for a debt you owe to someone else, list the original n agency here. Similarly, if you have more than one creditor for any of the dditional creditors here. If you do not have additional parties to be notified for omit this page. |
| Capital O | ne | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| Number | pital One Dr Street | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Credit Card Part 2: Creditors with Nonpriority Unsecured Claims |
| Richmond | | 23238 | Last 4 digits of account number 0 7 3 2 |
| Discover Name Po Box 15 Number | Fin Svcs Llc 5316 Street | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): |
| Wilmingto City | on DE State | 19850 ZIP Code | Last 4 digits of account number 9 1 2 5 |
| Us Bank Name Po Box 79 Number | 90084 Street | | On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): |
| Saint Lou | is MO | 63179 ZIP Code | Last 4 digits of account number 0 2 5 1 |
| Oity | State | 211 OUG | |

| Debtor 1 | Jennifer O. Garcia | Case number (if known) | |
|----------|--|------------------------|--|
| Part 4: | Add the Amounts for Each Type of Unsecured Claim | | |

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| • | | 7 | | |
|--------------------------|-----|---|-------------------------|-------------|
| | | | | Total claim |
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. | \$0.00 |
| nom r art i | 6b. | Taxes and certain other debts you owe the government | 6b. | \$36,000.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | ^{6d.} - | \$2,825.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$38,825.00 |
| | | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. - | \$19,547.60 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$19,547.60 |

| Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name Last Name Middle Name Last Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS Case number | |
|--|------------------------|
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS Case number | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS Case number | |
| (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS Case number | |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS Case number | |
| Case number | |
| | |
| | ck if this is an |
| I (If known) | nded filing |
| Official Form 106G | |
| | 40/4E |
| Schedule G: Executory Contracts and Unexpired Leases | 12/15 |
| Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Company with whom you have the contract or lease. Then state what each is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for executory contracts and unexpired leases. | Official Form 106A/B). |
| Person or company with whom you have the contract or lease State what the contract or lease is | s for |
| 2.1 Melody Ochoa Residential Lease | |
| Name Contract to be ASSUMED 904 N. Wright | |
| Number Street | |
| Alice TX 78332 | |
| City State ZIP Code | |
| 2.2 Phoenix Financial Services, LLC IRS Negotiations | |
| Name 520 Zang St., Ste. 211 Number Street Contract to be REJECTED | |
| Broomfield CO 46226 City State ZIP Code | |

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| Fill in this information to identify your case: | | | | | | | |
|---|------------------------|-------------------|---------------------|---|--|--|--|
| Debtor 1 | Jennifer First Name | O. Middle Name | Garcia Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| · · · · · · · · · · · · · · · · · · · | | r the: SOUTHERN D | | s | | | |
| Case number (if known) | | | | | | | |
| (| | | | | | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. Do | | lave any codesions: | (If you are filing a joint case | , do not list eltriel | spouse a | as a codebior.) |
|-------|--------------|-----------------------|---------------------------------|-----------------------|-----------|--|
| | clude A | | • • | | • | (Community property states and territories , Washington, and Wisconsin.) |
| | ים זן Yes | Did your spouse, form | ner spouse, or legal equivaler | nt live with you at | the time? | ? |
| Į.v. | , L | No | , , , | , | | |
| | M | Yes | | | | |
| | | In which community st | ate or territory did you live? | Texas | Fill i | in the name and current address of that person. |
| | | Jose O. Garcia | | | | |
| | | | ner spouse, or legal equivalent | | | |
| | | Number Street | | | | |
| | | Alice | TX | 78332 | | |
| | | City | State | ZIP Code | | |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| | Fill in this inform | ation to iden | tify your case: | | | | | |
|--------|--|--|---|--|---------------------|-----------------------|------------------------|--|
| | Debtor 1 | Jennifer | 0. | Garcia | | | | |
| | | First Name | Middle Name | Last Name | | | Che | ck if this is: |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | $- \Box $ | An amended filing |
| | United States Bankro | uptcy Court for th | e: SOUTHERN | DISTRICT OF TI | EXAS | | | A supplement showing postpetition |
| | Case number | | - | | _ | | _ | chapter 13 income as of the following date: |
| | (if known) | | | | | | | MM / DD / YYYY |
| 0 | fficial Form 10 | <u>61</u> | | | | | | |
| S | chedule I: You | ur Income | | | | | | 12/15 |
| resine | sponsible for supply clude information ab out your spouse. If our name and case n | ring correct information out your spouse more space is n | rmation. If you are e. If you are separ eeded, attach a se). Answer every o | e married and not rated and your spo eparate sheet to th | filing j ouse is | jointly, s not fil | and your ing with y | I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write |
| 1. | Fill in your employ | yment | | | | | | |
| | If you have more the | nan one | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| | job, attach a separa | | ployment status | ✓ Employed✓ Not employed | od | | | ☐ Employed☐ Not employed |
| | additional employe | rs. | upation | Self Employee | | | | Not employed |
| | Include part-time, s | | Jupation | Och Employee | <u>.u</u> | | | - |
| | or self-employed w | | ployer's name | Alice Screen F | Printin | ıg | | _ |
| | Occupation may in | clude Em | ployer's address | | | | | |
| | student or homema applies. | aker, if it | | Number Street | | | | Number Street |
| | | | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |
| | | | | City | | State | Zip Code | City State Zip Code |
| | | Hov | v long employed t | here? | | | | |
| | Down D. Citya D. | ataila Abaut I | Manthhille | | | | | |
| | | | Monthly Incom | | | | | |
| | stimate monthly inco on-filing spouse unless | | | n. If you have noth | ing to | report f | or any line | , write \$0 in the space. Include your |
| | | • | | er, combine the info | ormatio | on for a | II employe | rs for that person on the lines below. If |
| yo | u need more space, a | attach a separate | sheet to this form. | | | | | |
| | | | | | | For De | btor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gros payroll deductions) would be. | | | | 2. | | \$0.00 | |
| 3. | Estimate and list | monthly overtim | e pay. | | 3. + | · | \$0.00 | |
| 4. | Calculate gross in | ncome. Add line | 2 + line 3. | | 4. | | \$0.00 | |

| Debt | or 1 | Jennifer O. Garcia | | Case num | ιbe | er (if kno | wn) _ | | | |
|------|--------------------|--|--------------|------------------------|--------------|------------|---------|-------|------------|------------------------|
| | | | | For Debtor 1 | | or Deb | | | | |
| | Сор | y line 4 here | 4. | \$0.00 | _ | | | | • | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | | | _ | | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$0.00 | | | | _ | | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$0.00 | | | | _ | | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$0.00 | | | | _ | | |
| | 5e. | Insurance | 5e. | \$0.00 | | | | _ | | |
| | 5f. | Domestic support obligations | 5f. | \$0.00 | | | | _ | | |
| | 5g. | Union dues | 5g. | \$0.00 | | | | _ | | |
| | 5h. | Other deductions. Specify: | 5h. - | \$0.00 | | | | _ | | |
| 6. | Add 5g + | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h. | 6. | \$0.00 | | | | _ | | |
| | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | | | | _ | | |
| 8. | | all other income regularly received: | | | | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | 8a. | \$1,343.90 | | | | - | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | | | | | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | | | - | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | | | | | | |
| | 8e. | Social Security | 8e. | \$2,440.00 | | | | _ | | |
| | 8f. | Other government assistance that you regularly receive | | <u> </u> | | - | | _ | | |
| | | Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | | | |
| | | Specify: | 8f. | \$0.00 | | | | | | |
| | 8a. | Pension or retirement income | 8g. | \$0.00 | | | | _ | | |
| | 8h. | Other monthly income. | J | | | | | - | | |
| | | Specify: Contribution from Son | 8h | \$200.00 | | | | | | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$3,983.90 | | | | | | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$3,983.90 | + | | | _ = | <u>-</u> [| \$3,983.90 |
| 11 | | e all other regular contributions to the expenses that you list in So | chadi | ا مار | _ | | | _ | _ | |
| ••• | Incl | ude contributions from an unmarried partner, members of your households or relatives. | | | r r o | ommate | es, and | othe | ;r | |
| | Doı | not include any amounts already included in lines 2-10 or amounts that | t are r | not available to pay e | xp | enses li | sted in | Sche | edu | ile J. |
| | Spe | cify: | | | | | _ 11 | . 4 | ٠, | \$0.00 |
| | inco | the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities | | | | | 12 | | | \$3,983.90 combined |
| 13 | | applies. you expect an increase or decrease within the year after you file tl | his fo | rm? | | | | | | nonthly income |
| | ₩ | No. None. | | | — | | | | _ | |
| | | Yes. Explain: | | | | | | | | |

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| Debtor 1 Jennifer O. Garcia | | Case number (if known) | |
|-----------------------------------|-----------------------|------------------------|------------|
| 8a. Attached Statement (Debtor 1) | | | |
| | Alice Screen Printing | | |
| Gross Monthly Income: | | | \$7,900.00 |
| Expense | Category | <u>Amount</u> | |
| Cost of Goods Sold | Cost of Goods Sold | \$2,988.60 | |
| Advertising & Marketing | Advertising | \$219.40 | |
| Bank Charges & Fees | Bank Charges | \$61.20 | |
| Car & Truck | Gasoline | \$309.40 | |
| Contractors | Contractors | \$100.00 | |
| Design Fees | Design Fees | \$218.60 | |
| Job Supplies | Job Supplies | \$1,075.20 | |
| Meals & Entertainment | Meals & Entertainment | \$379.20 | |
| Office Supplies & Software | Office Supplies | \$476.50 | |
| Repairs & Maintenance | Repairs & Maintenance | \$111.40 | |
| Taxes & License | Taxes | \$86.40 | |
| Travel | Travel | \$238.20 | |
| Misc Expenses | Misc. Expenses | \$542.00 | |
| Utilities | Utilities | \$200.00 | |
| Total Monthly Expenses | | | \$7,006.10 |
| Net Monthly Income: | | | \$893.90 |

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| G | ill in this inform | ation to ident | ify your case: | | | . | | | |
|------------|---|--|--|------------------|---|--------------|---------------------------------------|------------------|------------------------------|
| | Debtor 1 | Jennifer First Name | O. Middle Name | Garci Last Na | | | k if this is An amend A supplen | | nostpetition |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Na | me | | | 3 expenses as | |
| | | | | | | _ | | | _ |
| | United States Bankro Case number | uptcy Court for the | E SOUTHERN DI | SIRICIO | TEXAS | | MM / DD / | YYYY | |
| 1 | (if known) | - | | | | | | | |
| <u>O</u> 1 | fficial Form 10 | <u>6J</u> | | | | | | | |
| S | chedule J: Yo | ur Expense | es | | | | | | 12/1 |
| COI | | more space is n | eeded, attach anoth | er sheet to t | ing together, both ar his form. On the top | | | | |
| P | art 1: Descri | be Your Hous | ehold | | | | | | |
| 1. | Is this a joint case | ? | | | | | | | |
| 2. | _ No | ebtor 2 live in a s | | | s for Separate Housel | hold of [| Debtor 2. | | |
| ۷. | Do not list Debtor 1 | | No Yes. Fill out this in for each dependen | | Dependent's relation | | | ependent's ge | Does depender live with you? |
| | Debtor 2. | | | | daughter | | 1 | 5 | □ No · ☑ Yes |
| | Do not state the de names. | pendents' | | | Nephew | | 1 | 7 | Mo No |
| | names. | | | | Nepliew | | <u>'</u> | | Yes |
| | | | | | | | | | □ No · □ Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | Yes |
| | | | | | | | | | □ No □ Yes |
| 3. | Do your expenses expenses of peop yourself and your | le other than | ✓ No ☐ Yes | | | | | | _ |
| P | Part 2: Estima | te Your Ongo | ing Monthly Exp | enses | | | | | |
| Est to | timate your expense | es as of your ban of a date after the | kruptcy filing date u | ınless you a | re using this form as supplemental Scheo | | - | - | |
| | lude expenses paid ch assistance and h | | | | | | | Your expens | es |
| 4. | | | enses for your residence any rent for the grou | | | | 4. | | |
| | If not included in | line 4: | · | | | | | | |
| | 4a. Real estate ta | xes | | | | | 4a. | | |
| | 4b. Property, hom | eowner's, or rente | er's insurance | | | | 4b. | | |
| | 4c. Home mainter | nance, repair, and | upkeep expenses | | | | 4c. | | |
| | 4d. Homeowner's | association or co | ndominium dues | | | | 4d. | | |

| Deb | tor 1 Jennifer O. Garcia | Case number | (if know | n) |
|-----|---|---|----------|-------------|
| | | | Υοι | ur expenses |
| 5. | Additional mortgage payments for your residence, such as | s home equity loans | 5. | |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | | 6a. | \$350.00 |
| | 6b. Water, sewer, garbage collection | (See continuation sheet(s) for details) | 6b. | \$45.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | (See continuation sheet(s) for details) | 6c. | \$610.00 |
| | 6d. Other. Specify: | | 6d. | |
| 7. | Food and housekeeping supplies | | 7. | \$500.00 |
| 8. | Childcare and children's education costs | | 8. | \$100.00 |
| 9. | Clothing, laundry, and dry cleaning | | 9. | \$75.00 |
| 10. | Personal care products and services | | 10. | \$50.00 |
| 11. | Medical and dental expenses | | 11. | \$100.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | | 12. | \$250.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | | 13. | \$50.00 |
| 14. | Charitable contributions and religious donations | | 14. | |
| 15. | Insurance. | in lines 4 on 00 | | |
| | Do not include insurance deducted from your pay or included | in lines 4 or 20. | 45. | 4450.00 |
| | 15a. Life insurance | | 15a. | \$150.00 |
| | 15b. Health insurance | | 15b. | \$220.00 |
| | 15c. Vehicle insurance | | 15c. | \$321.00 |
| 16 | 15d. Other insurance. Specify:Taxes. Do not include taxes deducted from your pay or incl | luded in lines 4 or 20 | 15d. | |
| 10. | Specify: | | 16. | |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | | 17a. | |
| | 17b. Car payments for Vehicle 2 | | 17b. | |
| | 17c. Other. Specify: | | 17c. | |
| | 17d. Other. Specify: SSI Exempt | | 17d. | \$452.90 |
| 18. | Your payments of alimony, maintenance, and support that deducted from your pay on line 5, Schedule I, Your Income | • | 18. | |
| 19. | Other payments you make to support others who do not li Specify: | ve with you. | 19. | |
| | · · | | | |

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| Deb | tor 1 | Jennifer O. Garcia | Case number (if known | |
|-----|----------|---|-----------------------|------------|
| 20. | | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a. | |
| | 20b. | Real estate taxes | 20b. | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | |
| | 20e. | Homeowner's association or condominium dues | 20e. | |
| 21. | Other | . Specify: | 21. + | |
| 22. | Calcu | late your monthly expenses. | _ | |
| | 22a. | Add lines 4 through 21. | 22a. | \$3,273.90 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | J-2. 22b. | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$3,273.90 |
| 23. | Calcu | alate your monthly net income. | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$3,983.90 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ | \$3,273.90 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$710.00 |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after | you file this form? | |
| | | kample, do you expect to finish paying for your car loan within the year or do yent to increase or decrease because of a modification to the terms of your mo | . , , | |
| | V | No. | | |
| | | Yes. Explain here: None. | | |
| | | | | |
| | | | | |

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| Deb | tor 1 | Jennifer O. Garcia | Case number (if know | vn) |
|---------|----------|---|----------------------|----------------------|
| 6b. | Water, s | sewer, garbage collection (details): ge | | \$45.00 |
| | | | Total: | \$45.00 |
| Cell Pl | | one, cell phone, Internet, satellite, and cable services (details): hones 'Internet | | \$360.00 \$250.00 |
| | | | Total: | \$610.00 |

| | Jennifer | Ο. | Garcia | | |
|--|--|--|--|-------------------------------|--------------------------------------|
| | First Name | Middle Name | Last Name | | |
| ebtor 2 Spouse, if filing | \ Firet Name | Middle Name | Last Name | | |
| | | | | | |
| | ankruptcy Court fo | or the: <u>SOUTHERN D</u> | ISTRICT OF TEXAS | | |
| ase number known) | - | | | Check if this amended fill | |
| ficial Form | n 106Sum | | | | |
| ımmary o | f Your Ass | ets and Liabilit | ies and Certain Statis | tical Information | 12 |
| edules after y | | inal forms, you must t | then complete the information of ill out a new Summary and chec | | |
| | | | | You | ur assets |
| | | | | | ue of what you ov |
| | 3: Property (Offici | , | | | ¢252.000 |
| 1a. Copy lin | e 55, Total real es | state, from Schedule A | /B | | \$253,000. |
| 1b. Copy lin | e 62, Total persor | nal property, from Sche | dule A/B | | \$120,470. |
| 1c. Copy lin | e 63, Total of all p | property on Schedule A | /B | | \$373,470. |
| art 2: Su | ımmarize You | r Liabilities | | | |
| | | | | | our liabilities mount you owe |
| | Craditors Who I I | | Property (Official Form 106D) | ana af Darit 4 af Cabadrila D | \$197,724. |
| | | ii Column A, Amount o | f claim, at the bottom of the last pa | age of Part 1 of Schedule D | |
| 2a. Copy the | e total you listed i | Have Unsecured Claim | f claim, at the bottom of the last pa s (Official Form 106E/F) ured claims) from line 6e of Schedi | | \$38,825. |
| 2a. Copy the Schedule E/I 3a. Copy the | e total you listed i -: Creditors Who I e total claims fron | Have Unsecured Claim Part 1 (priority unsecu | s (Official Form 106E/F) ured claims) from line 6e of Schedu | ule E/F | |
| 2a. Copy the Schedule E/I 3a. Copy the | e total you listed i -: Creditors Who I e total claims fron | Have Unsecured Claim Part 1 (priority unsecu | s (Official Form 106E/F) | ule E/F | |
| 2a. Copy the Schedule E/I 3a. Copy the | e total you listed i -: Creditors Who I e total claims fron | Have Unsecured Claim Part 1 (priority unsecu | s (Official Form 106E/F) ured claims) from line 6e of Schedu | ule E/F | \$19,547. |
| 2a. Copy the Schedule E/I 3a. Copy the 3b. Copy the | e total you listed in F: Creditors Who I e total claims from e total claims from | Have Unsecured Claim Part 1 (priority unsecu | s (Official Form 106E/F) ured claims) from line 6e of Schedi | ule E/F | \$38,825. \$19,547. \$256,097. |
| 2a. Copy the Schedule E/N 3a. Copy the 3b. Copy the art 3: | e total you listed in F: Creditors Who I e total claims from e total claims from | Have Unsecured Claim Part 1 (priority unsecu Part 2 (nonpriority uns | s (Official Form 106E/F) ured claims) from line 6e of Schedi | ule E/F | \$19,547. |

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$3,273.90

| Del | otor 1 | Jennifer O. Garcia Case nu | mber (if known) | | | | |
|---|---|---|---|--|--|--|--|
| Part 4: Answer These Questions for Administrative and Statistical Records | | | | | | | |
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes | | | | | | |
| 7. | 7. What kind of debt do you have? | | | | | | |
| | | our debts are primarily consumer debts. Consumer debts are those "incurred by a mily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | | | | | |
| | | our debts are not primarily consumer debts. You have nothing to report on this parts form to the court with your other schedules. | rt of the form. Check this box and submit | | | | |
| 8. | | ne Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | (\$2,097.15) | | | | |
| 9. | Copy th | ne following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | |
| | | | Total claim | | | | |
| | From P | art 4 on Schedule E/F, copy the following: | | | | | |
| | 9a. Do | mestic support obligations. (Copy line 6a.) | \$0.00 | | | | |
| | 9b. Ta | xes and certain other debts you owe the government. (Copy line 6b.) | \$36,000.00 | | | | |
| | 9c. Cla | aims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | | |
| | 9d. Stu | udent loans. (Copy line 6f.) | \$0.00 | | | | |
| | | oligations arising out of a separation agreement or divorce that you did not report as ority claims. (Copy line 6g.) | \$0.00 | | | | |
| | 9f. De | bbts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$0.00 | | | | |

9g. Total. Add lines 9a through 9f.

\$36,000.00

| | | | | _ |
|---------------------------------|---------------------------------|---------------------------|--------------------------------|---|
| Fill in this inf | ormation to i | dentify your case | : | 4 |
| Debtor 1 | Jennifer | O. | Garcia | - |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | | or that SOUTHERN D | DISTRICT OF TEXAS | |
| | Tikiupicy Count ic | or the. <u>300 mert b</u> | MOTRICI OF TEXAS | • |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official Form | 106Dec | | | _ |
| | | ndividual Debt | tor's Schedules | 12/15 |
| | | | | |
| Sig | gn Below | | | |
| Did you pay | or agree to pay s | someone who is NOT | an attorney to help you fill o | ut bankruptcy forms? |
| ☑ No | | | | |
| Yes. Na | ame of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| Under penalt true and corr | | eclare that I have read | I the summary and schedules | s filed with this declaration and that they are |
| | fer O. Garcia . Garcia, Debtor | 1 | X Signature of Debtor 2 | |

Date 06/29/2017

MM / DD / YYYY

MM / DD / YYYY

| F | ill in this inf | ormation to i | dentify your case | | | | |
|---|---|------------------------|--|--------------------------------|-----------------|------------------------------------|-------|
| De | ebtor 1 | Jennifer First Name | O. Middle Name | Garcia Last Name | | | |
| | ebtor 2 spouse, if filing) | Firet Name | Middle Name | Last Name | | | |
| | - | | | ISTRICT OF TEXAS | | | |
| | | aptoy Godit 10 | <u> </u> | | — | | |
| _ | ase number known) | | | | | Check if this is an amended filing | |
| Of | ficial Form | 107 | | | | | |
| St | atement o | f Financial | Affairs for Ind | ividuals Filing | for Bankruptcy | | 04/16 |
| _ | | • | own). Answer every out Your Marital S | question. tatus and Where \ | ou Lived Before | | |
| 1. | What is your ☐ Married ☑ Not marrie | current marital | status? | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? ☑ No ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | |
| Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, T Washington, and Wisconsin.) | | | | | - | | |
| | □ No | e sure vou fill ou | t Schedule H: Your Co | debtors (Official Form 1 | 06H). | | |

| Debt | or 1 | Jennifer O. C | Sarcia Sarcia | | Case nur | mber (if known) | |
|-------|---|--|--|--|--|---|--|
| Pa | rt 2: | Explain th | e Sources of Yo | our Income | | | |
| | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | | |
| | ☐ No ✓ Yes | s. Fill in the deta | ails. | | | | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| | | ry 1 of the curr u filed for bank | • | Wages, commissions, bonuses, tips | \$38,315.00 | Wages, commissions, bonuses, tips | |
| | • | | . , | Operating a business | | Operating a business | |
| | | calendar year: | | Wages, commissions, bonuses, tips | \$149,843.00 | Wages, commissions, bonuses, tips | |
| (Jan | uary 1 to | December 31, | <u>2016</u>) YYYY | Operating a business | | Operating a business | |
| For t | the cale | endar year befo | re that: | Wages, commissions, bonuses, tips | \$316,392.00 | Wages, commissions, bonuses, tips | |
| (Jan | uary 1 to | December 31, | <u>2015</u>) | Operating a business | | Operating a business | |
| | Include unempl | income regardle oyment; and othe mbling and lotter | ess of whether that in her public benefit pay | ments; pensions; rental inc | s of other income are ome; interest; dividend | alimony; child support; Socia ds; money collected from law eceived together, list it only c | vsuits; royalties; |
| | | ch source and th | e gross income from | n each source separately. [| Oo not include income | that you listed in line 4. | |
| | ☐ No ✓ Yes | s. Fill in the deta | ails. | | | | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross income from each source (before deductions and exclusions |
| | | ary 1 of the curr u filed for bank | ent year until | Social Security Dependent Social Secu | \$7,320.00 \$7,320.00 | | |
| For t | he last | calendar year: | | Social Security | \$1,220.00 | | |
| | | December 31, | | Dependent Social Secu | \$1,220.00 | | |
| For t | the cale | endar year befo | re that: | | | | |
| (Jan | uary 1 to | December 31, | <u>2015</u>) | | | | |

| ebtor 1 | Jennifer O. Garcia | | | | Case number (if know | vn) |
|--|-------------------------|-----------------------|-----------------------|----------------------|---|---|
| Part 3: | List Certain Payn | nents You Ma | ade Before Y | ou Filed for Ba | nkruptcy | |
| Are eith | ner Debtor 1's or Debto | 2's debts prim | arily consumer | debts? | | |
| □ No. | Neither Debtor 1 nor | - | - | | | d in 11 U.S.C. § 101(8) as |
| | During the 90 days be | fore you filed fo | r bankruptcy, did | you pay any credi | tor a total of \$6,425* | or more? |
| | No. Go to line 7. | | | | | |
| | total amount | you paid that cr | editor. Do not in | clude payments fo | nore in one or more pr domestic support ob attorney for this bank | bligations, such as |
| | * Subject to adjustme | nt on 4/01/19 an | d every 3 years | after that for cases | filed on or after the o | late of adjustment. |
| ✓ Yes | s. Debtor 1 or Debtor 2 | or both have p | rimarily consun | ner debts. | | |
| | During the 90 days be | fore you filed fo | r bankruptcy, did | you pay any credi | tor a total of \$600 or | more? |
| | No. Go to line 7. | | | | | |
| | | not include pay | ments for domes | | ons, such as child su | |
| <u> </u> | Community Cu | | _ | \$780.00 | \$45,895.00 | _ Mortgage |
| Deditor's name Deditor's name Deditor's name Deditor's name Description Descri | 349 eet | 78468 ZIP Code | April, 2017 — — | | | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other |
| | - | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| st State | Bk San Die | | _ | \$1,100.00 | \$122,415.00 | _ |
| Box 427 mber Str | 7 | | April, 2017 — | | | Car Credit card Loan repayment |
| n Diego | тх | 78384 | _ | | | ☐ Suppliers or vendors ☐ Other |
| / | State | ZIP Code | _ | | | — |

| Deb | tor 1 | Jennifer O. Garcia | Case number (if known) |
|-----|----------------------------------|--|--|
| 7. | Insiders corpora agent, in | 1 year before you filed for bankruptcy, did you make a payment on a desinclude your relatives; any general partners; relatives of any general partners tions of which you are an officer, director, person in control, or owner of 20% including one for a business you operate as a sole proprietor. 11 U.S.C. § 1 child support and alimony. | ers; partnerships of which you are a general partner; % or more of their voting securities; and any managing |
| | ✓ No ☐ Yes | s. List all payments to an insider. | |
| 8. | | 1 year before you filed for bankruptcy, did you make any payments or sed an insider? | transfer any property on account of a debt that |
| | Include | payments on debts guaranteed or cosigned by an insider. | |
| | ✓ No ☐ Yes | s. List all payments that benefited an insider. | |
| | | | |
| Р | art 4: | Identify Legal Actions, Repossessions, and Foreclosure | es |
| 9. | List all s | 1 year before you filed for bankruptcy, were you a party in any lawsuit, such matters, including personal injury cases, small claims actions, divorce ations, and contract disputes. | |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 10. | seized, | 1 year before you filed for bankruptcy, was any of your property reposor levied? all that apply and fill in the details below. | sessed, foreclosed, garnished, attached, |
| | سنا | Go to line 11. 5. Fill in the information below. | |
| 11. | | 90 days before you filed for bankruptcy, did any creditor, including a b ts from your accounts or refuse to make a payment because you owed | the contract of the contract o |
| | ✓ No | s. Fill in the details. | |
| 12. | | 1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official? | possession of an assignee for the benefit of |
| | ✓ No ☐ Yes | | |

| Del | otor 1 | Jennifer O. Garcia | | ia | Case number (if known) | | | |
|--|----------------------|--------------------------------|-------------|-----------------------|--|-----------------------|------------------------------|-------------------|
| Part 5: List Certain Gifts and Cor | | ntributions | | | | | | |
| 13. | Within | 2 years befo | re you t | filed for bankr | ruptcy, did you give any gifts with a | a total value of more | than \$600 per perso | on? |
| | ☑ No □ Yes | . Fill in the o | details fo | or each gift. | | | | |
| 14. Within 2 years before you filed for bankri to any charity? | | | | filed for bankr | ruptcy, did you give any gifts or co | ntributions with a to | tal value of more tha | an \$600 |
| | ✓ No ☐ Yes | . Fill in the c | details fo | or each gift or o | contribution. | | | |
| Р | art 6: | List Cer | tain Lo | osses | | | | |
| 15. | | 1 year before isaster, or g | - | | ptcy or since you filed for bankrup | otcy, did you lose an | ything because of th | neft, fire, |
| | ✓ No | . Fill in the o | letails. | | | | | |
| Р | art 7: | List Cer | tain Pa | ayments or | Transfers | | | |
| | Include No | - | s, bankr | _ | nkruptcy or preparing a bankruptc preparers, or credit counseling agend | | red for your bankrupt | су. |
| | | w Office | | | Description and value of any pro Attorney's Fees, \$1,000.00 | operty transferred | Date payment or transfer was | Amount of payment |
| | son Who W | | | | Filing Fees, \$310.00 Credit Report, \$35.00 | | made | 44 000 00 |
| | 16 Coroi nber Str | na, Ste. 165 eet | <u> </u> | | Credit Keport, \$55.00 | | 05/18/2017 | \$1,000.00 |
| Co City | rpus Ch | risti | TX State | 78411 ZIP Code | _ | | | |
| Ema | ail or websit | e address | | | _ | | | |
| Pers | son Who M | ade the Payme | ent, if Not | You | _ | | | |
| 17. | anyone | who promis | sed to h | elp you deal v | uptcy, did you or anyone else acting with your creditors or to make payon t you listed on line 16. | | | perty to |
| | ✓ No | . Fill in the o | letails. | | | | | |

| Deb | tor 1 | Jennifer O. Garcia | | | (| Case number (if | known) | |
|------|---------------|--|-------------------------|----------------------|--------------------|--------------------|---|---|
| 18. | | 2 years before you filed ty transferred in the ord | | | | | roperty to anyone, of | ther than |
| | | both outright transfers and include gifts and transfer | | | - | security interes | t or mortgage on your | property). |
| | ✓ No | s. Fill in the details. | | | | | | |
| 19. | | 10 years before you file a beneficiary? (Thes | | - | | a self-settled | trust or similar devi | ce of which |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | | | |
| P | art 8: | List Certain Final | ncial Accounts, I | nstruments, Sa | afe Depos | sit Boxes, ar | nd Storage Units | |
| 20. | | 1 year before you filed to | | any financial acc | ounts or in | struments held | l in your name, or fo | r your |
| | Include | checking, savings, mone , pension funds, coopera | ey market, or other fin | | | deposit; shares | s in banks, credit union | ns, brokerage |
| | □ No ✓ Yes | s. Fill in the details. | | | | | | |
| | | | Last 4 d number | igits of account | Type of a instrume | account or ent | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | | munity Bank | | | | | | |
| | | | XXXX- | | ☐ Ched | · · | 5/2017 | \$300.00 |
| Num | iber Str | reet | | | ☐ Mone | ey market erage | | |
| | | | | | Othe | r | | |
| City | | State ZII | P Code | | | | | |
| 21. | - | now have, or did you h urities, cash, or other v | - | fore you filed for I | bankruptcy | , any safe depo | osit box or other dep | ository |
| | □ No ☑ Yes | s. Fill in the details. | | | | | | |
| | | | Who else ha | d access to it? | | Describe the | contents | Do you still have it? |
| | | munity Bank ncial Institution | Name | | | Empty | | ☑ No □ Yes |
| Num | ber Str | reet | Number Stre | et | | | | |
| Alic | e | TX 78332 | | | | | | |
| City | | State ZIP Cod | e City | State ZIF | Code | | | |

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| Deb | otor 1 | Jennifer O. Garcia | Case number (if known) |
|-----|-----------------|--|--|
| 22. | | ou stored property in a storage unit or place other than your home with | nin 1 year before you filed for bankruptcy? |
| | ✓ No ☐ Yes | . Fill in the details. | |
| Р | art 9: | Identify Property You Hold or Control for Someone Else | • |
| 23. | - | hold or control any property that someone else owns? Include any print trust for someone. | operty you borrowed from, are storing for, |
| | ✓ No ☐ Yes | . Fill in the details. | |
| Р | art 10: | Give Details About Environmental Information | |
| For | the purp | ose of Part 10, the following definitions apply: | |
| | hazardou | nental law means any federal, state, or local statute or regulation cond is or toxic substance, wastes, or material into the air, land, soil, surfact statutes or regulations controlling the cleanup of these substances, w | e water, groundwater, or other medium, |
| | | ns any location, facility, or property as defined under any environmen or used to own, operate, or utilize it, including disposal sites. | tal law, whether you now own, operate, or |
| | | us material means anything an environmental law defines as a hazarde, hazardous material, pollutant, contaminant, or similar item. | ous waste, hazardous substance, toxic |
| Rep | oort all no | otices, releases, and proceedings that you know about, regardless of | when they occurred. |
| 24. | Has any law? | governmental unit notified you that you may be liable or potentially li | able under or in violation of an environmental |
| | ☑ No □ Yes | . Fill in the details. | |
| 25. | ☑ No | ou notified any governmental unit of any release of hazardous material. Fill in the details. | ? |
| 26. | Have you | ou been a party in any judicial or administrative proceeding under any | environmental law? Include settlements and |
| | ✓ No ☐ Yes | . Fill in the details. | |

| Debtor 1 | Jennifer O. Garcia | | Case number (if known) | | | |
|--------------------|---|--|--|--|--|--|
| Part 11: | Give Details About Y | our Business or Connections to Any | y Business | | | |
| 27. Within busines | • | oankruptcy, did you own a business or have | any of the following connections to any | | | |
| | A member of a limited liabili A partner in a partnership An officer, director, or mana | oloyed in a trade, profession, or other activity, e ty company (LLC) or limited liability partnership ging executive of a corporation he voting or equity securities of a corporation | | | | |
| _ | None of the above applies. s. Check all that apply above | Go to Part 12. and fill in the details below for each business. | | | | |
| Alice Scree | | Describe the nature of the business Custom T-Shirts and Accessories | Employer Identification number Do not include Social Security number or ITIN. | | | |
| Business Name | | Name of accountant or bookkeeper Jennifer Garcia | EIN: | | | |
| City 5 Star Logi | State ZIP Code | Describe the nature of the business This is a trucking company that was | Employer Identification number Do not include Social Security number or ITIN. | | | |
| Business Nam | | managed by Debtor's deceased husband. | EIN: <u>4 7 - 2 6 1 7 2 1 3</u> | | | |
| Number Street | | Name of accountant or bookkeeper | Dates business existed | | | |
| | | _ | From To | | | |
| all fina ✓ No | State ZIP Code 2 years before you filed for I ncial institutions, creditors, s. Fill in the details below. | — pankruptcy, did you give a financial stateme or other parties. | nt to anyone about your business? Include | | | |

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| Debtor 1 | Jennifer O. Garcia | | Case number (if known) |
|-------------|----------------------------------|---|---|
| Part 12 | Sign Below | | |
| that answer | ers are true and correct. I unde | rstand that making a false statemen nkruptcy case can result in fines up | ments, and I declare under penalty of perjury t, concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 years, |
| X /s/ Jen | nnifer O. Garcia | x | |
| Jennife | r O. Garcia, Debtor 1 | Signature of Debtor 2 | |
| Date _ | 06/29/2017 | Date | |
| Did you at | ttach additional pages to Your S | tatement of Financial Affairs for Ind | ividuals Filing for Bankruptcy (Official Form 107)? |
| ☑ No | | | |
| Yes | | | |
| Did you pa | ay or agree to pay someone who | o is not an attorney to help you fill o | ut bankruptcy forms? |
| √ No | | | |
| | Name of person | | Attach the Bankruptcy Petition Preparer's Notice, |

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS CORPUS CHRISTI DIVISION

| ln | re Jennifer O. Garcia | Case No. | |
|----|---|--|---------------------------------|
| | | Chapter | 13 |
| | DISCLOSURE OF (| OMPENSATION OF ATTORNEY FOR | RDEBTOR |
| 1. | that compensation paid to me within one | Bankr. P. 2016(b), I certify that I am the attorney for the perition in bankruptcy, or half of the debtor(s) in contemplation of or in conne | agreed to be paid to me, for |
| | For legal services, I have agreed to acce | tFixed Fee: \$ | 3,825.00 |
| | Prior to the filing of this statement I have | eceived\$ | 1,000.00 |
| | Balance Due | \$ | 2,825.00 |
| 2. | The source of the compensation paid to r Debtor | e was: ner (specify) | |
| 3. | The source of compensation to be paid to | me is: | |
| | ☑ Debtor ☐ O | ner (specify) | |
| 4. | I have not agreed to share the above associates of my law firm. | disclosed compensation with any other person unle | ss they are members and |
| | | closed compensation with another person or person the agreement, together with a list of the names of the | |
| 5. | In return for the above-disclosed fee, I ha | e agreed to render legal service for all aspects of th | e bankruptcy case, including: |
| | a. Analysis of the debtor's financial situat bankruptcy; | on, and rendering advice to the debtor in determinin | g whether to file a petition in |
| | b. Preparation and filing of any petition, s | chedules, statements of affairs and plan which may l | be required; |
| | c. Representation of the debtor at the me | eting of creditors and confirmation hearing, and any | adjourned hearings thereof; |

| B2030 (Form | 2030) | (12/15) |
|-------------|-------|---------|
|-------------|-------|---------|

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/29/2017 /s/ Adelita Cavada

Date Adelita Cavada Bar No. 24084882

The Perez Law Firm 4646 Corona, Ste. 165 Corpus Christi, Texas 78411

Phone: (361) 814-6500 / Fax: (361) 814-8618

/s/ Jennifer O. Garcia

Jennifer O. Garcia

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS CORPUS CHRISTI DIVISION

IN RE: Jennifer O. Garcia CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

| | The above named Debtor hereby verifies that the | he attached list of creditors is true and correct to the best of his/her | |
|------|---|--|--|
| know | edge. | | |
| | | | |
| | | | |
| | | | |
| Date | 6/29/2017 | Signature /s/ Jennifer O. Garcia | |
| | | Jennifer O. Garcia | |
| | | | |
| | | | |

Bank Of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27410

Bk Of Amer 4909 Savarese Cir Tampa, FL 33634

Capio Partners Llc 2222 Texoma Pkwy Sherman, TX 75091

Capital One Attn: Bankruptcy PO Box 30253 Salt Lake City, UT 84130

Capital One Attn: General Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Capital One 15000 Capital One Dr Richmond, VA 23238

Cavada Law Office 4646 Corona, Ste. 165 Corpus Christi, Texas 78411

Cindy Boudloche, Trustee 555 N. Carancahua, Ste 600 Corpus Christi,Tx 78478

Dahil P.O. Box 205354 Dallas, Texas 75320 Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

First State Bk San Die Po Box 427 San Diego, TX 78384

Internal Revenue Service Insolvency Group 3 1240 E 9th Street, Room 457 Cleveland, OH 44199

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114-1294

Internal Revenue Service PO Box 7346 Philaelphia, PA 19101

Jim Wells Co. Tax Assessor-Col P.O. Box 1051 Alice, Tx 78333-1051

Mechanical Bull Sales 220 Regent Court State College, PA 16801

Melody Ochoa 904 N. Wright Alice, Texas 78332

National Bankruptcy Department PO Box 537901 Livonia, MI 48153-7901 Navy Army Community Cu Po Box 81349 Corpus Christi, TX 78468

Phoenix Financial Services, LLC 520 Zang St., Ste. 211 Broomfield, CO 46226

Texas Comptroller of Public Accounts Bankruptcy Division PO Box 13528 Austin, Tx 78711

Texas Workforce Commission TWC Building Austin, Tx 78778

Us Bank Po Box 790084 Saint Louis, MO 63179

US Trustee 606 N. Carancuhua Corpus Christi, Tx 78401-0680

Webster Truck Repair 5750 E. Hwy 359 Alice, Texas 78332